

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

00000000

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1		1			
17	1		1			
18		2		2		
19		2		2		
20		2		2		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29	1	2		1		
30	1					
31	1					
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43	1		1			
44	1		1			
45		2		1		
46		2		1		
47		2		1		
48		2				
49		2		1		
50		2		1		
TOTAL IND.	12					
TOTAL DEP.	124					

	* <i>Amend B</i> *		* <i>Amend B</i> *		* <i>Amend B</i> *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		2		1		
53		2		1		
54		2		1		
55		2		1		
56	1					
57	1					
58		2				
59		2				
60		2				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68		2				
69	1					
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77	1					
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	124					
TOTAL CLAIMS						

charged 78  
36

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS